## REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

| Police   |                           |
|--|---------------------------|
| City Attorney  | DATE: 8/12/03             |
| Bureau of Fire Prevention Health Dept.   | RETURN BY: 8/20/03        |
| CATERER: NO  | ON-CATERER: X             |
| APPLICANT: EAGLE ENTERTAINMENT LLC   |                           |
| APPLICANT'S ADDRESS:6101 SOUTH 58 <sup>TH</sup> , SUITE B                            |                           |
| ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICEN <b>66<sup>TH</sup> STREET</b> | SE: B & R STORES, 130 NO. |
| DATE(S) OF EVENT: SEPTEMBER 4, 2003  |                           |
| TIME(S) OF EVENT : <b>4PM TO 9 PM</b>  |                           |
| DETAILS ON ATTACHED APPLICATION.   |                           |
| RECOMMENDATION OF APPROVAL OR D  | ENIAL                     |
| APPROVED   |                           |
| CONDITIONS   | •                         |
|  | <u> </u>                  |
| DENIED   |                           |
| REASON(S) FOR  |                           |
|  |                           |
| D/   |                           |
| Kfa  | 8-20-03                   |
| Signature (If needed, use back for additional space)                                 | Date                      |
| ( moved, and carried additional phace)   |                           |

PUBLIC HEARING BEFORE COUNCIL: AUGUST 25, 2003

(SDLRPT.JER)

#### PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

### APPLICATION FOR SPECIAL DESIGNATED LICENSE

P.O. Box 95046, Lincoln NE 68509

NEBRASKA LIQUOR CONTROL COMMISSION

554 43-090767

### ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

| ☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission J## = \$2003   |
|--|
| ☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day   |
| □ LOCAL APPROVAL must be included with this application  |
| ☐ A Signed Statement from Local Police Chief or County Sheriff (question #12) ☐ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal   |
| income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer  |
| of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS  |
| 1. Type of Beverage(s) to be served: ☐ Beer ☐ Wine ☐ Distilled Spirits   |
| 2. Status of the Applicant (check one)   |
| ☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service  |
| Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation  |
| 3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code)  And Class (Example C/K)  F & 37252  |
| Eagle Entertainment UC  4. Address or location of premises to be covered by license, (City, County Number, Zip Code)   |
| 4. Address or location of premises to be covered by license, (City, County Number, Zip Code)   |
| = 12 1/1/th / 24/ 1 2 1/2  |
| 5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO SEE TO SE |
| 6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.  |
| Brown BER Stores 4554"W" LINION NE 68505   |
| 7. Please list the name and <b>telephone number</b> of the primary event <b>supervisor</b> , who will actually be present at the location of the event when it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. <b>Supervisor must sign on page 2.</b>  |
| 402 430-9768 402 484-7704  |
| 8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)   |
| 9-4-03 Wasdeyer Thursday   |
| PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER: NOW   |
| 9. Time(s) of event (example 8am to 1am, this is considered one day)   |
| FROM: 4pm TO: 9pm  |
| FROM: 4pm TO: 9pm  10. Describe the Type of Activity to be carried on during the time period for which the license is requested. Promotion for Eagle Raceway   |
| 11. Hovide all estimated number of attendees at this event 100° 200. If the number of attendees is over 250 attach a separate page   |
| indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.   |
| 12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER   |
| IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.  |
| 13. List the number of SDL's that you have applied for at this specific location in the last six months.   |
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**CONTINUE ON BACK** 

# NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR SPECIAL DESIGNATED LICENSE UNDER NEBRASKA LIQUOR CONTROL ACT

| 14. Description of the premises: ☐ Inside Building ☐ Outdoor Area  | and an action of the factors   | and some some or for   |
|--|--|--|
| Dimensions of area to be covered by license: 30' x 45 liquors will be sold and consumed. LENGTH WIDTH  | Please draw in the space (In feet)   | e provided below, the area where   |
| liquors will be sold and consumed.  LENGTH WIDTH  STR. Alcohol (Back) will on  In the tent   | ly be Sold and Ca  | nsumed   |
| If outdoor area, how will premises be separated from areas open to the general   | I public?  Fence  fent [   | ☐ Other (if other, please explain)   |
| 15. Is the premises to be covered by the license located within the city/village   | limits?  | YES NO   |
| 16. Is the premises to be covered by the license within 150 feet of any church or for veterans, their wives or children?   | n, school, hospital, or home for t   | the aged or indigent persons   |
| 17. Explain how alcoholic liquors will be purchased by the licensee. If purchase Eagle Enterfainment LLC 37252   | sed from a retail licensee, please   | give the name and license number.  |
| 18. Will the premises to be covered by the license comply with all Nebraska san  |  |  |
| 19. Are there separate toilets for both men and women?   |  | ¥Yes □no   |
| 20. Other information or requests by the applicant:  |  |  |
| 21. Will there be any games of chance operating during the event? TYES NOTICE: Only games of chance approved by the Department of Revenue, gambling are prohibited by State Law: There are no exceptions for Non I Designated License under the Liquor Control Act and is not a gambling property.   | Charitable Gaming Division are Profit Organizations. This is o   |  |
| 22. I declare that I am the authorized representative of the above named license to the best of my knowledge and belief. I also consent to an investigation of m records. I agree to waive any rights or causes of action against the Nebraska Li individual releasing said information to the Liquor Control Commission or the I will not be used by any other person, group, organization or corporation for prodirectly responsible to the holder of this Special Designated License. | applicant and that the statements<br>by background including all reco-<br>iquor Control Commission, the Nebraska State Patrol. I further | rds of every kind including police<br>Nebraska State Patrol or any other<br>declare that the license applied for |
| sign<br>here Theragen Rowen (manager)  | General Mara   | ger 7/14/03  |
| here Shlungen Rower (Manager)  Authorized Representative/Applicant Shannon Rower   | Title  | Date   |
| sign   |  |  |
| here   |  |  |

the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing

body shall be the county within which the place for which the special designated license is requested is located. In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

### SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

Number of Entry & Exit Points & Dimensions: ( 7 'x 7 1.

Size & location of tent(s) (heights, width, depth) 30 × 1 2.

3.

Location & type of cooking equipment (if used) Charcool Gill, Gill mull be Ferred for Location of tables & chairs; If stage for band provided & dance area, show dimensions & site on drawing. 5.

6. Height & type of Fencing to be used. FLAT BED TRUCK USED AS A STAGE

60 FT USE ABOVE BOX FOR YOUR DRAWING/ATTACH EXTRA PAGES IF NECESSARY

Board Feren way Soild out voy Visible. Signs will be Posted in the Tent, NO Bear is allowed outside of the Tent.



www.eagleraceway.com

(402) 484-7704 Office (402) 430-9768 Cellular (402) 421-6050 FAX eagleraceway@horizonholding.com

Shannon Rowen General Manager

8/25/03

Corporate Office 6101 S. 58th, Suite B Lincoln, NE 68516

## FAX:

# SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

| The Special Designated License process is not intended to be licensed premise.  | -   |
|---|---|
| Name of Event: Edyld Ruding Engle   | Sprint Towing Series Summer                   |
| Applicant and Sponsoring Organization or Person (if applical  |   |
| Date of Event: 9-4-03 Time of   | Event: 4pm - 9pm                              |
| Has the applicant applied for and received liquor liability insu  | rance? X YesNo                                |
| Number of persons expected to attend: 100 - 200 Is the event open to the public?  | Number of persons under 21 expected: Yes No   |
| How will you ensure that minors will not be served or consume the off duty State trooper will a                             | ge beverages containing alcohol:  OR WOYKING. |
| Will food be served? X Yes No If yes, plant Hot Das, Hamburgers   |   |
| Will non-alcoholic beverages be served: Yes alcoholic beverages to be served: Colos, Tec. Tea.                              | No If yes, please list non-                   |
| Please identify the beverages containing alcohol that will be se  | erved:Wine XBeer                              |
| Will this be a cash or complimentary bar? X Cash  | Complimentary                                 |
| Who will serve the beverages containing alcohol? <u>Logir</u> Have the designated servers received responsible beverage ser | vice training? X Yes No                       |
| Will there be a charge for admission? Yes No  |   |
| In the last 12 months, have you received notice of a liquor law which you were the special designated licensee? Yes         | violation that occurred during an event at    |
| PLEASE USE REVERSE TO PROVI<br>(This is mandatory)  |   |
| Sheanon Rana  | 7-24-03                                       |
| Applicant's Signature   | Date  |